#  Project Board Meeting 11

**Wednesday 19th September 2018, 14:00-16:00pm**

**8th Floor Meeting Room at the Royal College of Anaesthetists**

**Members:**

Dr Paul Clyburn Project Board Chair, AAGBI

Ms Tasneem Hoosain HQIP

Prof David Cromwell Project Team Methodologist/RCS

Ms Lynn Smith Patient Representative

Dr Dave Murray Project Team Chair

Dr Sarah Hare National Clinical Lead

Mr James Goodwin Head of Research, RCoA

Mr Jose Lourtie NELA Project Manager

Trevor Corrithers Audit and Research Team Administrator

Cristal Santos NELA Data Analysis

**Apologies:**

Dr William Harrop-Griffiths RCoA

Dr Gillian Tierney ASGBI

Dr Yvonne Silove HQIP

Ms Sharon Drake Director of Clinical Quality and Research, RCoA

Mr John Abercrombie Royal College of Surgeons-On the Phone

|  |  |
| --- | --- |
|  |  |

**NELA PB/ 09.18/ 1 Introductions and apologies**

Introductions were made around the table and apologies as noted above.

**NELA PB/ 09.18/ 2 Declaration of interests**

There were no conflicts of interests declared.

**NELA PB/ 09.18/ 3 Minutes of previous meeting**

The minutes of the previous meeting held on 22/02/18 accepted with no amendments.

Actions discussed:

* Follow up regarding GRIFT, HQIP supportive of providing this data

**NELA PB/ 09.18/ 4 Project Report**

**Highlight Report – Audit Update**

Jose Lourtie gave an update on changes, which have occurred overall on the project since the last project board meeting. Updates mentioned were:

-The year 4 Patient Report has not been published due to NHS England review process being delayed.

-HQIP have explained that the report may be published in September/October

-The project team will be communicating the delay with the local sites and other stakeholders.

- Outlined some of the quality improvement work that has taken place including the Online Dashboard, Quarterly Reports, QI Workshops, and Devolved Nations.

- Highlighted current NELA collaborations and other ongoing studies

- Also updated on the changes to risks and that finances were within expected targets.

**NELA PB/ 09.18/ 5 Patient Audit**

**a.** **Year 4 Patient Report**

Sarah Hare provided a presentation on the fourth patient report that includes 23,929 patients’ data, across 183 hospitals. We have used 179 hospitals for benefit of case ascertainment within the report, which includes an explanation of how they have come to those numbers and flow charts demonstrating this. The national mortality has reduce to 9.5%, which is down from 2013 when it was 11.8%.

Sarah Hare went on to highlight the main findings in the report:

* 13,548 (57%) patients had a calculated risk of death >5%
* More patients are having scans reported
* Number of patients that received consultant delivered care has increased
* There are still issues with delays in getting patients to theatre.

Only one hospital has been flagged as an outlier and there were five hospitals in alert status.

There was a new question reported in Year 4: residence after discharge. Although there may be confusion, regarding whether Nursing Home meant ‘Own Home’ .This will be cleared up for Year 6.

**b. Year 5 Patient Audit**

Sarah Hare updated the Board on the current Year 5 status. This includes a couple of new questions regarding residence before admission and questions to do with learning disabilities, autism and frailty.

This year data collection ends on 30 November and local teams will have until end of January 2019 to lock their cases.

Some early data for year 5 was presented.

**NELA PB/ 09.18/ 6 Future Development of NELA**

1. **Future NELA Reports**

The project team has discussed that they would like to move away from the 100 page report and become more current and rapid in how things are presented. Shorter more frequent reports, with two focused theme reports throughout the year.

Sarah Hare outlined some of the initial options for these shorter themed reports:

* Elderly
* Risk assessment
* Urgency of care
* Radiology
* Sepsis

There was a question about adding ‘rolling mortality’ on to the dashboard. This is something the project team are looking into.

There was also a suggestion to add a NELA article into the Association’s Anaesthesia News.

1. **QI activity**

Sarah Hare went on to say there has been more quality improvement workshops. We are also continuing to collaborate with AHSN’s and ELC. The NELA QI Lead, Carolyn Johnston, will be providing further input to improve the online dashboards so it becomes more user friendly.

1. **QA activity**

Sarah Hare gave an update on the project outputs linked to Quality Assurance. These include updated and improved quarterly reports and AHSN regional reports.

1. **Patient Engagement**

A further update on patient engagement was provided by Sarah Hare, specifically around local patient engagement and the creation of patient groups. Three hospitals have now set up their own groups and the aim from NELA is to link these up into a national group and for these patients to have input into the audit going forward.

1. **Best Practice Tariff (BPT)**

Dave Murray outlined the latest from the BPT process. Timelines have been slightly changed as we await guidance from NHSI. It is still the aim that an Emergency Laparotomy BPT will be introduced in 2019, but currently there has been no engagement with local sites.

The pricing team has stated that the BPT is to be introduced in April 2019; however, we are unclear as to what this may look like.

**NELA PB/ 09.18/ 7 Research Activity Updates**

1. **Internal Secondary Analysis**

Dave Murray gave a breakdown of how some Fellows and others are taking forward various activities. These include work on; Social Deprivation, Distance to Hospital, Surgical Subspecialty, Obstetric, Log Term Outcomes.

He went on to say that, a fellowship can last from 1 to 3 years, and can be funded by private hospitals, regions and Trusts.

1. **External Collaborations**

FLOELA has come to the end of their first year and looking to expand to Scotland in order to maintain recruitment rates. There is also a list of collaborations, some ongoing and some about to start up.

Tasneem Hoosain commented that the project team need to ensure that all these collaborations are in scope and should be reported to HQIP.

**NELA PB/ 09.18/ 8 Communications Strategy and Plan**

Sarah Hare explained that the RCoA comms team have a press release that is ready to go once the report is published.

There are also various meetings and conferences being attended around the country to outline the results of the year 4 audit report.

**NELA PB/ 09.18/ 9 AOB**

None

**NELA PB/ 09.18/ 10**

*Next meeting will be in Feb but some dates will be sent out*

**Action:** A series of dates will be sent out

|  |  |  |  |
| --- | --- | --- | --- |
| **Agenda Item** | **Action** | **Responsible** | **Due** |
| 6a | Provide an article to go into the AAGBI Anaesthesia News  | DM/SH/JL |  As soon as possible |
| 7b | Ensure data access requests and collaborations are in scope and update HQIP appropriately | JL | As soon as possible |
| 10 | Send out dates for next Project Board meeting | TC | As soon as possible |